

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TENNESSEE**

In re
Delores L. Brown

Bankruptcy Case No. 22-20924

Chapter 13

Debtor(s).

Adversary Proceeding No. 23-00021

Plaintiff(s).

Defendant(s).

**CERTIFICATE OF SERVICE
SUMMONS AND NOTICE OF PRETRIAL CONFERENCE IN AN ADVERSARY PROCEEDING**

I, MICHAEL DON HARRELL (Name), certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made. I further certify that the service of this summons and a copy of the complaint was made MAY 1, 2023 (Date) by:

- (☒) **Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:**
US Bank, N.A., as Trustee for CB4b Grantor Trust 2016-1, 190 South LaSalle Street, 7th Floor,
Chicago, Illinois 60603
- () **Electronic Service (in a manner consistent with F.R.C.P. 5(b)(2)(D):**
- () **Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:**
- () **Residence Service: By leaving the process with the following adult at:**
- () **Publication: The defendant was served as follows: [Describe Briefly]**
- () **State Law: The defendant was served pursuant to the laws of the State of _____, as follows: [Describe Briefly]**

Under penalty of perjury, I declare that the foregoing is true and correct.

06/09/2023

Date

/s/ Michael Don Harrell

Signature

Print Name

Atty. Michael Don Harrell, 1884 Southern Avenue

Business Address

Memphis

Tennessee

38114

City

State

Zip

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

US Bank, N.A., as Trustee
for CBT & Grantor Trust 2016-1
190 S. LaSalle Street, #744FL
Chicago, IL 60603



COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

B. Received by (Printed Name)

C. Date of Delivery

AMELIA BEGUISA

5/1/23

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7018 2290 0000 4210 2079

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540